



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

BREATH ALCOHOL PROGRAM  
JUN -8 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204145	DATE OF INSPECTION 06/02/2009
LOCATION OF INSTRUMENT (STREET AND CITY) Nodaway County Sheriffs Department, Maryville, Missouri	TIME OF INSPECTION 0925

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C)	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .097%	TEST 2 <input checked="" type="checkbox"/> .098%	TEST 3 <input checked="" type="checkbox"/> .098%
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	1	(.05-.09)	0	(.10-.14)	3	(.15-.19)	1	(Over .19)	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Meets DHSS Standards

Guth Laboratories, Inc. .10% Solution; Lot #08340. Bottle #969, MFG. Date 10/15/2008, Exp. Date 10/15/2009

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME D. R. Reuter
TYPE II PERMIT NUMBER/EXPIRATION DATE 920088 Exp. Date 04/22/2011	TELEPHONE NUMBER (816) 387-2345

**CERTIFIED ALCOHOL REFERENCE  
SOLUTION FOR SIMULATOR**

08340  
LOT NO.

10/15/08  
MFG. DATE

10/15/09  
EXP. DATE

275 Gal.  
LOT VOL.

500 ML  
BOT. VOL.

969  
BOT. NO.

When this reference solution is used with a breath  
simulator certified by Guth Laboratories, a properly  
operating instrument will read 0.10  
For additional information contact:

Guth Laboratories, Inc.  
590 North 67<sup>th</sup> Street, Harrisburg, PA 17111  
Toll Free 800-233-2338  
Rev. 4/02



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204145  
06/02/09

TESTING OFFICER:  
REUTER/DALE/R  
OFFICER I.D.: 622  
PERMIT NUMBER: 920003  
EXPIRATION DATE: 04/22/11  
MISCELLANEOUS DATA:  
TEST  
TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:34
INTERNAL STANDARD	VERIFIED	09:34
EXTERNAL STANDARD	.097	09:34
BLANK TEST	.000	09:35
EXTERNAL STANDARD	.098	09:35
BLANK TEST	.000	09:36
EXTERNAL STANDARD	.098	09:36
BLANK TEST	.000	09:37

N = 3  
SIM. = .1  
AVG. = .0976

Operator Signature



Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI-STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204145

06/02/09

09:25

## ----- DIAGNOSTIC CHECK -----

COMPUTER: OKAY

PROGRAM: OKAY

HEATERS  
SAMPLE CHAMBER: 50C

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

## PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;C= /?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ\]^\_`abcde fgh i j k l m n o  
p q r s t u v w x y z { | } ~ "

Operator Signature D.R. Rafter

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CMSU 2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204145  
96/02/89

ARREST TIME: 09:00

SUBJECT NAME:

BILLY/NO/ONE

DOB: 02/02/87

SEX: M

STATE/D.L.: MO/U123456

ARRESTING OFFICER:

REUTER/DALE/R

OFFICER I.D.: 622

TESTING OFFICER:

REUTER/DALE/R

OFFICER I.D.: 622

PERMIT NUMBER: 920088

EXPIRATION DATE: 04/22/11

MISCELLANEOUS DATA:

RFI TEST

RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature D. R. REUTER

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CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DALE R. REUTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09  
Number 920088  
Expires 04/22/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)